Attached are copies of the following policies & procedures. These policies and procedures are provided for your information and use. Please detach them from this form as they are for you to keep.

* Equal Employment Opportunity (EEO) and Affirmative Action (AA) Plan
* American’s with Disabilities Act (ADA) Policy
* Sexual Harassment Policy

It is the responsibility of the Company to provide and review these policies and procedures with all employees.

It is the responsibility of the Company and the employee to comply with the referenced policies and procedures.

I have read and understand the above referenced policies and procedures. I have received copies of the policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Printed Name Employee Signature Date